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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/849,765
	Filing Date	May 20, 2004
	First Named Inventor	Robert E. Ellefson
	Art Unit	2881
	Examiner Name	Zia Hashmi
	Attorney Docket Number	247_196

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number :

72,742

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
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☐ Firm or  
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Hiscock &amp; Barclay, LLP

Address

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Robert E. Ellefson

Date

Feb 11, 2008

Telephone

315-434-1100

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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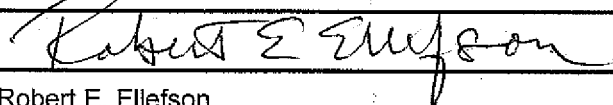
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